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Based on PTO/SB/81 (01-06)

## POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS INDICATION FORM

Application No.: Filing Date: First Named Inventor: Title: Art Unit: Examiner Name: Attorney Docket Number	Method and System for Automatically Orienting a Spherical Object 3711 Matthew BELLA
I hereby revoke all previous powers of attorney given in the above-identified application.	
I hereby appoint: the practitioners associated with USPTO Customer Number: 45464 as my attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.	
Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-listed Customer Number.	
I am the: Applicant/Inventor	
SIGNATURE of Applicant or Assignee of Record	
Signature: Ralph	Date: June, 2006 L. Carlson

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.